STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

VOLUME 22 AUGUST · 1941 NUMBER 8

The President Proclaims Accidents a National Peril

THE rising toll of life taken by accidents this year has reached such an alarming point that President Roosevelt has been moved to issue a proclamation calling on all citizens to enlist in a concerted and intensified campaign against accidents under the leadership of the National Safety Council. While the heavy toll of life and limb is itself no doubt partly a result of the increased industrial activity in the defense effort, it actually operates to obstruct and hinder this effort, and thus becomes more than ever a national menace.

Readers of the STATISTICAL BULLETIN will recall an article, "Safety for National Defense," which appeared in the September issue of last year, in which we urged all to guard against the increase in accidents which might result from the defense preparation. At that time we recalled that during the World War, in the years when this country was engaged first in the manufacture of the sinews of war and later in actual fighting, the death rate from accidents increased materially. During that period, with the prevailing "war psychology" and under the pressure of emergency work carried on often with inexpert help, there was a tendency to relax the ordinary measures of caution and a readiness to take unnecessary risks. At present, and in the months that lie ahead, it will be necessary to guard against such attitude, which, if it should become widespread, would cause a further increase in the huge wastage of life through accidental injuries. We can now ill afford to have any such situation develop.

The accident situation is the only one which mars the otherwise excellent health picture in 1941. Virtually all other important causes of death are well under control. It is against accidents that we are confronted with the necessity of greatly concentrating our efforts. This should be a major task not only for workers in health, welfare, and safety activities, but also for those directly engaged in industrial operations, whether as employers or as employees. Let us do everything in our power to back up the President in his plea to reduce this national peril.

War and Tuberculosis

THE splendid record of accomplishment in the control of tuberculosis throughout the world is being seriously threatened as a result of war conditions. Even in those countries where the antituberculosis campaign had been best organized, the disease is now finding fertile soil for growth. In less advanced countries, where the mortality from tuberculosis is normally high, the death rate from the disease is likely to mount to frightful proportions, as happened in the last war.

It is by this time clear that tuberculosis is already on the increase abroad, although the evidence is based only upon provisional or fragmentary data. In England and Wales the death rate among male civilians rose slightly in 1939, and in 1940 this rise extended to both sexes. For males the death rate from tuberculosis rose 13 percent between 1939 and 1940, from 77.1 per 100,000 to 87.4; for females the increase was 7 percent, from 50.9 to 54.7. This situation in England is paralleled by that of Scotland, where deaths from tuberculosis in 1940 increased 14 percent over 1939, and the death rate last year was the highest since 1932. In Canada, incidentally, mortality from the disease did not rise last year, but the rate for the first half of 1941 shows a significant increase.

Current statistics on tuberculosis for Germany and the occupied countries of the Continent are not now available. It is unlikely that Germany, which is in the most favorable position, has escaped an increased toll from the disease. For France, the only evidence on the current trend is a statement from Vichy which reports a sharp increase in the disease. Despite the absence of statistics, it is certain that tuberculosis is on the rise in all the areas that have been overrun.

The longer the war continues and the further it extends, the greater will be the increase in tuberculosis, particularly on the Continent. The experience of the World War of 1914-1918 affords an indication of what is likely to occur. None of the belligerent countries escaped an increase in tuberculosis then, and practically all of the neutral countries of Europe suffered either an increase in tuberculosis or a slowing up of the prewar rate of decline. The most reliable data for the period relate to the trends among women and children in England and Germany. Among English women the mortality from pulmonary tuberculosis rose steadily during the war to a peak in 1918, when it was over 25 percent higher than in 1913. Among German women the pulmonary tuberculosis death rate rose slowly at first, but after 1916 the increase was very rapid, so that by 1918 the rate was nearly 75 percent above that of 1913. Indeed, in Germany the death rate from tuberculosis among women did not return to the prewar level until

1921; and this improvement was not maintained for a few years following. The rate of increase among German females was greatest at ages under 20 years. Among children the rate in 1919 was even higher than during the war.

Far worse was the situation among the other belligerent countries of the Continent, but only fragmentary statistical data are available to show the frightful increases in some of these areas. The statistics of tuberculosis mortality in France during the war are defective because of the absence of facts for the invaded regions, where the situation was at its worst. The data for the uninvaded portion show a sharp increase, particularly in 1917 and 1918. In the latter year the recorded rate was about 20 percent higher than in 1914. The accuracy of these statistics is doubtful, and the actual increase was probably larger. To some extent the same observation probably holds for Italy, but in that country even the recorded deaths from tuberculosis in 1918 were over 40 percent in excess of the 1914 rate.

A few examples will show the extremely bad conditions in Belgium and in eastern and southeastern Europe. In Brussels the death rate from tuberculosis doubled during the war, from 177 per 100,000 in 1914 to 390 in 1918. In Vienna the rate in the period 1915-1918 was 20 percent higher than in 1911-1914, and in the early postwar years it increased to 50 percent above the prewar rate. In Budapest the number of deaths from the disease in 1917 was nearly double that of 1913, and it was but little less in 1918. In Warsaw the rate in 1917 was 840 per 100,000, as compared with 306 in 1913; in Cracow during the same period the rate increased from 487 to 908 per 100,000. In Belgrade the tuberculosis death rate in 1918 reached the almost incredible figure of 1,400 per 100,000.

Typical of the trend of tuberculosis in the neutral countries of Europe during the World War are the experiences of The Netherlands and Switzerland. In the former, the death rate from the disease rose steadily, until in 1918 it was nearly 50 percent above the 1914 figure. In Switzerland, where the trend was sharply downward before the war, the rate continued to fall at first, but rose in the latter part of the war to a peak of 207 per 100,000 in 1917, or 6 percent above the rate in 1914.

In our own country the mortality from tuberculosis showed little change during the World War period as a whole, but even here there was a slight increase in the death rate during the period of our active participation in the war. Thus the death rate in the Original Registration States declined from 148.6 per 100,000 in 1914 to 143.8 in 1916, but then rose to 147.1 in 1917 and further to 151.0 in 1918.

The increase in tuberculosis during wartime is caused primarily by the breakdown of resistance to the disease, and by the increase in contacts between those with active tuberculosis and healthy individuals. In the present conflict, as in the pre-

ceding one, the first of these two causes is the most potent, arising mainly from the drastic curtailment of food supplies, and the consequent widespread malnutrition. This situation most seriously affects children, young people, and pregnant women. Other factors reducing resistance to tuberculosis are the lengthening of work hours, and the employment in war industries of large numbers of people, particularly young women, who are for the first time engaged in arduous factory work. Since these factors come into play almost simultaneously, their bad effects are correspondingly enhanced.

Contacts between infected persons and others increase for a number of reasons. As sanatoria are taken over for use as military hospitals or are destroyed in the course of military operations, the patients are returned to their homes, with increased danger of infection to the family. Another element in the situation is overcrowding resulting from the destruction of homes, which in the present war has been aggravated by bombing from the air. Another factor in causing domestic overcrowding is the relocation of plants producing war material in new areas, where there are insufficient housing facilities for the transplanted workers.

Our country fortunately is free from the most serious dangers that are currently causing a rise in tuberculosis abroad. Certain of the risks, however, apply even here. These are largely associated with problems of production of war materials. While complete protection against all of these risks is not practicable in the present emergency, appropriate precautionary action will reduce them. Medical selection and supervision of workers can be very effective, and such medical service should be expanded as fully and as quickly as possible. Increased emphasis, in current health education programs, must be put on proper nutrition and adequate rest. The gross inadequacies in housing facilities in "boom" towns must be corrected as rapidly as possible. Steps such as these can, without interfering with production, further the efforts to essentially wipe out tuberculosis in this country—a practicable goal of this generation. These efforts may suffer a serious setback, and the gains of recent years may be lost, unless the tuberculosis problems raised by war conditions receive prompt attention.

The Elders in Our Large Cities

THE proportion of old people is increasing more rapidly in the large American cities than in the country as a whole. Between 1930 and 1940 the number of people in the age group 65 and over in the United States increased 35 percent; in the large cities—namely, those with 250,000 or more inhabitants—the number of elders grew by 47 percent. In each of the major urban centers, without exception, the people at the

older ages constituted a much larger part of the population in 1940 than a decade ago. The figures are displayed in the table on page 6.

Our large cities vary widely as to their percentage of old people. In view of the far-reaching social and economic consequences of an aging population, it is of interest to examine these differences. At one extreme we find Detroit and Houston with a relatively small percentage of people past the main productive period of life; only one out of every 24 inhabitants in these two cities are in the age range 65 and over. At the other end of the scale is Portland, Oreg., the most elderly of the large cities, with close to one in ten of its population at the older ages.

When the larger cities of the country are classified according to the relative size of their old-age population in 1940, and are arranged by geographic region, they exhibit a fairly well-defined pattern. Cities with low percentages of elders are generally found in the Southern States, whereas those with the largest contingents of old people are located on the Pacific Coast. For example, of the four cities with less than 5 percent of their population at ages 65 and over, three are in the South—Houston, Birmingham, and Atlanta. On the other hand, six of the eight large urban centers with the highest percent of the inhabitants at the older ages are in the Far West—San Francisco, Los Angeles, Denver, Oakland, Seattle, and Portland. To some extent this condition reflects the recent migration of older people from other sections of the country, who have come to enjoy the leisure of retirement under favorable climatic conditions. The relative preponderance of people in their declining years on the West Coast may account, in part, for the fact that various "old-age pension" schemes and "ham-and-egg" plans, have had their inception in that part of the country.

The proportion of older persons is also high in the two large cities of New England—namely, Boston and Providence. In each of these cities the percentage of population at ages 65 and over was just about 8 percent in 1940.

Further analysis of the recent census returns shows that in the 37 cities under review there is a marked preponderance of old women over old men, and that the excess has increased in the past decade. This means, of course, that a larger proportion of women than men are being added to the population at the older ages. A measure of this trend is the changing sex ratio of the population in the large cities. In 1930 there were 118 women to 100 men at ages 65 and over; in 1940 the ratio was 124 to 100.

Simultaneously with the increase in the proportion of old people, there has been a rise in the percentage of people at the main working period of life, ages 20 to 64 years. It is evident from the accompanying table that all the major cities but two—San Francisco and Kansas City—had a larger proportion of population at the productive years of life in

1940 than in 1930. The social burden of carrying the older population has been spread over a wider base.

We thus see the effects of two powerful forces which have been at work for some time: the concentration in our cities of young adults seeking work and improvement; and perhaps even more important, the decline in the birth rate which, by reducing the proportion of children in the population, correspondingly increases the proportion of persons at the older ages.

Percent Distribution of Population in Broad Age Groups in 1930 and in 1940; Cities of 250,000 or Over in 1940

City	1940				1930			
	All Ages	Under 20 Years	20 to 64 Years	65 Years and Over	All Ages	Under 20 Years	20 to 64 Years	65 Years and Over
Total U. S.	100.0	34.5	58.7	6.8	100.0	38.8	55.8	5.4
Cities of 250,000 or more	100.0	28.2	65.5	6.3	100.0	32.6	62.9	4.5
Detroit	100.0	31.2	64.7	4.1	100.0	35.1	62.2	2.7
Houston	100.0	29.2	66.7	4.1	100.0	32.7	64.1	3.2
Birmingham	100.0	33.0	62.5	4.5	100.0	36.1	61.1	2.8
Atlanta	100.0	30.0	65.1	4.9	100.0	34.7	61.9	3.4
Cleveland	100.0	28.8	65.9	5.3	100.0	35.6	60.8	3.6
Dallas	100.0	28.5	66.1	5.4	100.0	32.6	63.8	3.6
New York	100.0	28.0	66.5	5.5	100.0	33.0	63.2	3.8
Jersey City	100.0	30.6	63.8	5.6	100.0	36.9	59.2	3.9
Newark	100.0	30.3	64.1	5.6	100.0	36.2	59.8	4.0
San Antonio	100.0	35.1	59.3	5.6	100.0	37.0	59.0	4.0
Chicago	100.0	27.8	66.5	5.7	100.0	32.8	63.2	4.0
New Orleans	100.0	31.5	62.7	5.8	100.0	34.7	61.2	4.1
Memphis	100.0	29.1	65.1	5.8	100.0	31.6	64.7	3.7
Washington, D. C.	100.0	25.5	68.4	6.1	100.0	28.0	66.4	5.6
Pittsburgh	100.0	31.3	62.5	6.2	100.0	36.4	59.3	4.3
Milwaukee	100.0	29.6	64.1	6.3	100.0	33.6	61.5	4.9
Buffalo	100.0	29.9	63.8	6.3	100.0	35.2	59.9	4.9
Baltimore	100.0	30.0	63.5	6.5	100.0	34.0	60.9	5.1
Philadelphia	100.0	29.7	63.3	7.0	100.0	33.6	61.3	5.1
St. Paul	100.0	29.6	63.3	7.1	100.0	33.3	60.6	6.1
Toledo	100.0	29.1	63.6	7.3	100.0	32.6	62.3	5.1
St. Louis	100.0	26.8	65.8	7.4	100.0	29.9	64.8	5.3
Louisville	100.0	30.5	62.1	7.4	100.0	32.4	62.0	5.6
Columbus	100.0	28.0	64.5	7.5	100.0	30.7	63.5	5.8
Indianapolis	100.0	28.2	64.0	7.8	100.0	31.1	63.2	5.7
Minneapolis	100.0	27.4	64.7	7.9	100.0	31.6	62.5	5.9
Providence	100.0	30.7	61.4	7.9	100.0	35.6	58.7	5.7
Boston	100.0	29.8	62.2	8.0	100.0	33.3	61.2	5.5
Kansas City, Mo.	100.0	25.8	66.2	8.0	100.0	28.0	66.6	5.4
San Francisco	100.0	21.4	70.4	8.2	100.0	23.3	71.4	5.3
Los Angeles	100.0	23.9	67.8	8.3	100.0	26.5	67.2	6.3
Denver	100.0	28.2	63.5	8.3	100.0	30.1	63.0	6.9
Rochester	100.0	26.5	65.2	8.3	100.0	32.7	61.2	6.1
Cincinnati	100.0	27.5	64.0	8.5	100.0	29.9	63.6	6.5
Oakland, Calif.	100.0	24.5	67.0	8.5	100.0	29.0	64.8	6.2
Seattle	100.0	24.2	67.1	8.7	100.0	28.2	66.0	5.8
Portland, Oreg.	100.0	23.4	67.1	9.5	100.0	28.1	65.3	6.6

Statistical Information, Please

A CONSTANT stream of inquiries flows into our Statistical Bureau dealing with every phase of health, safety, longevity, population trends, and related subjects. Inasmuch as many of these questions touch on problems of wide popular interest, we wish to make the requested information available to all our readers. Beginning with this issue and as space permits, we shall, from time to time, publish some of these questions and answers.

How many people in this country are fatally shot in hunting accidents each year? Under what circumstances do these deaths occur?

Answers to these queries are not available from official sources. From the records pertaining to Metropolitan Industrial policyholders and from other sources, we estimate that about 900 persons a year are shot fatally in the United States in hunting mishaps. This number is one third of the approximately 2,700 persons killed in firearm accidents of all kinds.

Our study shows that about 45 percent of the wounds incurred by hunters afield are accidentally self-inflicted. Stumbling or falling, climbing over or through a fence while carrying a loaded gun, and lifting loaded guns from automobiles and other vehicles, are the chief occasions for these accidents. Shooting by a hunting companion—usually overeager, excited, or careless when about to shoot, or on suddenly sighting the quarry—causes 36 percent of the deaths. Fourteen percent of the fatally wounded are killed by hunting parties other than their own. Many of the victims in this group are mistaken for deer or small game.

What is the effect of college athletics on longevity?

An extensive study made by the Metropolitan Life Insurance Company some time ago showed that college athletes have an expectation of life very nearly the same as their classmates in general, but appreciably better than that of men accepted for "Standard" insurance, and that of white men in the general population.

The investigation indicated that the mortality of college athletes varied considerably with the type of sport in which they participated. Surprisingly enough, those who played baseball had the highest mortality—7 percent above the average of all college athletes. Next highest, 3 percent above average, were crew men. Track athletes had an average mortality. Another unexpected result of the study was the fact that football men were slightly better than average as regards mortality. The best record of all was made by "letter men" in two or more sports. This probably reflects their exceptional physical endowment.

Catastrophes Cause Small Proportion of Accidental Deaths

THE chances that accident catastrophes will occur are greatly increased in a period of preparation for national defense on a vast scale, partly because of the general speed-up of industrial processes, but more particularly because of the wide expansion of extra-hazardous operations in the Services and in the chemicals, explosives, and some other industries.

Within the past year a number of accidents in which many lives were lost have occurred among Army and Navy fliers and in defense industries. The most serious was the explosion at Kenvil, N. J., in which 52 workers were killed. Interest in these serious accidents, quite naturally, is heightened today, for along with our instinctive horror at the killing of large numbers of people, we feel keenly the loss to the Nation of men vitally needed in its defense. It may help us to keep the right perspective of the accident problem at this time if we bear in mind that catastrophes, whether occurring in connection with our preparedness program or otherwise, are responsible for a relatively small part of the annual loss of life from accidents in the United States.

The best information indicates that, on the average, only about one in ten accident fatalities results from mishaps in which more than one person is killed. When we come to consider catastrophic accidents, arbitrarily defined as those in which five or more persons are killed, it is found that misfortunes of this magnitude account for not much more than 1 percent of the average annual toll of all accidental deaths. Despite the disasters in connection with national defense efforts, to which we have referred, catastrophes caused only about 1½ percent of all the accidental deaths last year.

The Metropolitan Life Insurance Company has since 1937 compiled records of accidents causing five or more deaths. Information has also been garnered from newspapers and other sources where accidents are reported. Although great care was exercised to secure a complete list, undoubtedly some accidents did not come to our attention, particularly those taking five to ten lives. The table on page 9 shows the frequency of occurrence and the number of persons killed in these catastrophes according to various types of accidents in the period from January 1, 1937, through June 30, 1941. In all, reports were received of 395 accidents involving a little more than 5,600 deaths. In the same period there were approximately 435,000 deaths in accidents of all kinds. It is necessary to point out, however, that there have been years in our history when, on account of a single great disaster, the total number of deaths in serious accidents played a much more important part in the accidental death record. Our most devastating catastrophe, the Gal-

Number of Accident Catastrophes and Number of Lives Lost, by Type of Accident, United States. January 1, 1937 through June 30, 1941*

Type of Accident	Accidents		Deaths	
	Number	Percent of Total	Number	Percent of Total
All Types	395	100.0	5,616	100.0
Motor Vehicle†	129	32.7	832	14.8
Conflagrations, Explosions, Burns, etc.	93	23.5	1,183	21.1
Residences	54	13.7	385	6.9
Other	39	9.9	798	14.2
Air Transportation (Civilian and Military)	46	11.6	402	7.2
Tornadoes, Floods, Hurricanes, Earthquakes, etc.	38	9.6	1,892	33.7
Water Transportation	26	6.6	318	5.7
Coal Mine	21	5.3	502	8.9
Railroad†	16	4.1	219	3.9
Building, Scaffolding, etc. Collapse	6	1.5	73	1.3
All Others	20	5.1	195	3.5

*The numbers shown in this table are computed from insurance records, newspaper accounts, and other sources. The figures may not be quite complete, particularly as regards accidents taking five to ten lives. The term "catastrophe" denotes an accident in which five or more persons were killed.

†Railroad train collisions with motor vehicles are included among motor vehicle accidents.

veston tidal wave in 1900, alone claimed 6,000 lives.

During the entire 4½-year period under review, natural cataclysms—tornadoes, floods, hurricanes, etc.—accounted for only 9.6 percent of all catastrophes as defined above, but for no less than 1,892 deaths. This is about one third of the total deaths in accidents killing five or more persons at one time. On the other hand, catastrophes resulting from human failure caused 90.4 percent of such accidents and about two thirds of the deaths. Motor vehicles were responsible for about a third of the accidents and for 832 deaths, or 14.8 percent. Conflagrations, explosions, etc., took 1,183 lives, coal mine accidents 502, and military and civil aviation accidents, 402 lives.

More than three fourths of the catastrophes occurring in the 4½-year period under review claimed less than 10 lives. There were, however, six disasters that took more than 100 lives each. Most devastating of the natural catastrophes (682 lives) was the Atlantic Coastal States hurricane in 1938. Second in numerical importance in this class of accidents was the Ohio and Mississippi Valley flood, which early in 1937 took a toll of 360 lives. The most disastrous accidents other than those of cataclysmic nature were the explosion in a school in New London, Tex., in 1937 (294 lives) and the fire in a dance hall at Natchez, Miss., in 1940 (208 lives).

Death Rate Rises Slightly in July 1941

THE health of the American people received a slight setback during the month of July, partly as a result of the protracted heat wave which swept large sections of the country. Among the Industrial policyholders of the Metropolitan Life Insurance Company the death rate rose to 7.14 per 1,000 in July of this year, the highest figure for this month in four years; the comparable rate a year ago was 6.91 per 1,000. The data pertaining to the many millions of insured are presented in the table and chart on pages 11 and 12.

Despite the somewhat unfavorable developments of July, the health record of the first seven months of 1941 is excellent. The death rate among these insured to the end of July was 7.8 per 1,000, a record-breaking low level for this period of the year.

The health picture is a bright one in almost every respect. The infectious diseases which only a few decades ago were the chief menace to public health, are now definitely under control. Typhoid fever is all but wiped off the mortality map. The principal communicable diseases of childhood now play a very minor role among the causes of death, although some of them are still important as causes of illness. It is nothing short of remarkable that among more than 1,000,000 Metropolitan Industrial policyholders on the Pacific Coast, there was not a single death from either measles or diphtheria during the first seven months of this year. The battle against pneumonia is proceeding triumphantly, as the death rate from this disease continues to drop at a rapid pace. For the January to July period of this year, the pneumonia death rate was at the unprecedented low level of 37.7 per 100,000, a drop of fully 12 percent from the comparable figure a year ago, which itself was a low record. Similarly, tuberculosis, diarrhea and enteritis, and appendicitis, all of which are amenable to public health control, show lower death rates this year than last. Even influenza, which was very prevalent in the beginning of the year, is now only slightly above last year's figure.

The suicide rate for the first seven months among the Industrial policyholders was 7 percent below that of a year ago, and the lowest in 15 years for these months. Inasmuch as suicide mortality varies with the business cycle, this decline undoubtedly reflects the favorable economic conditions prevailing currently.

The alarming increase in the death rate from accidents, and President Roosevelt's proclamation for the control of this national menace, has already been discussed on the first page of this BULLETIN.

The following table shows the mortality among Industrial policyholders for July 1941, June 1941, and July 1940, together with the death rates for the first seven months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 Policyholders from Selected Causes.*
Industrial Department. Weekly Premium-Paying Business

Causes of Death	Annual Rate per 100,000 Policyholders*				
	July 1941	June 1941	July 1940	Year to Date: End of July	
				1941	1940
All Causes—Total	714.1	702.3	690.7	782.5	789.2
Typhoid fever	0.5	0.4	0.9	0.5	0.5
Measles	.5	1.1	.4	1.2	.4
Scarlet fever	.3	.3	.3	.5	.7
Whooping cough	1.5	1.2	1.0	1.4	1.3
Diphtheria	.4	.4	.2	.6	.8
Influenza	2.4	1.8	2.2	11.2	10.4
Pneumonia (all forms)	19.6	24.1	19.6	37.7	43.0
Tuberculosis (all forms)	42.5	39.9	44.6	44.4	46.1
Tuberculosis of respiratory system	38.2	36.0	39.6	40.5	41.6
Syphilis	10.9	11.5	8.6	11.7	11.8
Cancer (all forms)	100.0	98.2	99.6	104.0	102.0
Diabetes mellitus	23.7	25.0	23.8	29.3	30.2
Cerebral hemorrhage	56.6	56.5	54.0	63.1	62.4
Diseases of the coronary arteries and angina pectoris	47.4	49.5	47.8	55.8	53.4
Other chronic heart diseases†	137.9	142.1	130.8	165.0	165.4
Diarrhea and enteritis	5.6	3.3	5.2	3.0	3.9
Appendicitis	8.6	6.6	9.6	7.7	8.9
Chronic nephritis	46.2	48.4	46.7	54.4	58.8
Puerperal state—total	5.4	4.9	4.3	4.6	4.7
Suicides	6.7	6.6	7.5	7.7	8.3
Homicides	4.6	3.4	3.6	3.6	3.4
Accidents—total	59.5	50.4	52.4	49.1	43.9
Home accidents	9.4	9.2	7.9	11.5	11.9
Motor vehicle accidents	21.1	20.6	19.5	19.5	15.9
All other causes of death	133.3	126.5	127.6	126.1	129.0

*The rates for 1941 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

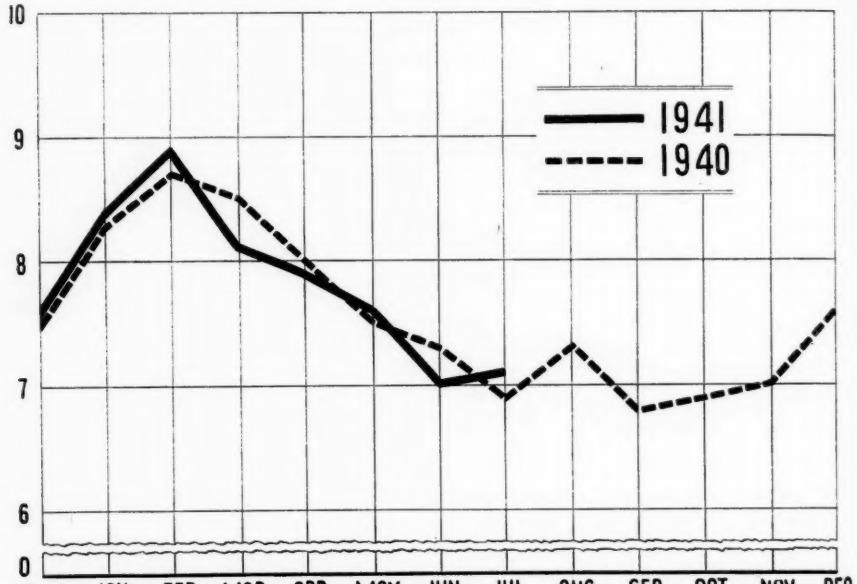
Correspondence on the subjects discussed in these Bulletins may be addressed to: The Editor,

Statistical Bulletin,
Metropolitan Life Insurance Company,
1 Madison Avenue, New York, N. Y.

MORTALITY FROM ALL CAUSES

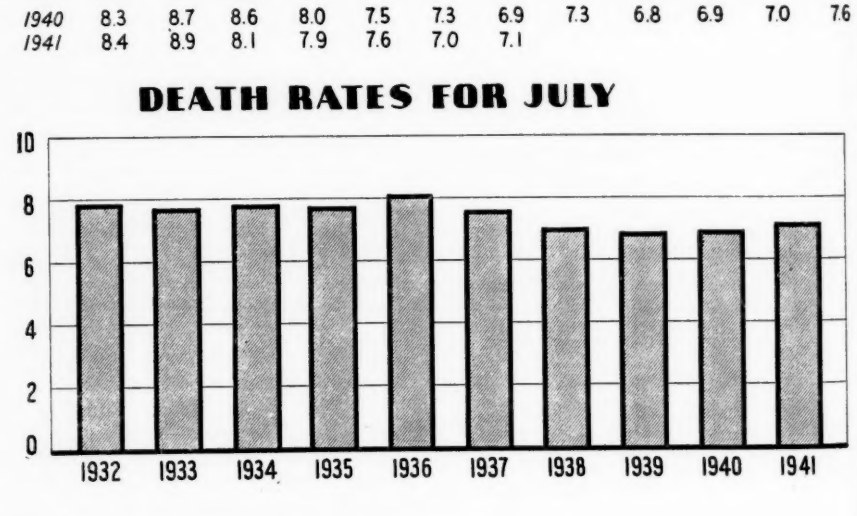
METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 · ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1940	8.3	8.7	8.6	8.0	7.5	7.3	6.9	7.3	6.8	6.9	7.0	7.6
1941	8.4	8.9	8.1	7.9	7.6	7.0	7.1					

DEATH RATES FOR JULY



Rates for 1941 are provisional.

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